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[1](#)1. Summary. This message reports on the annual 192-member World Health Assembly (WHA) of the World Health Organization (WHO), which met from May 16-25, 2005, in Geneva, Switzerland. Secretary of Health and Human Services (HHS) Michael O. Leavitt headed the U.S. Delegation, which included officials from HHS, the U.S. Department of State (IO, OES), the U.S. Agency for International Development, U.S. Mission, Geneva, and several private-sector delegates. The key outcome of this WHA was the adoption of the revised International Health Regulations (IHRs), a milestone achievement and the product of the work of three Intergovernmental Working Groups (held in November 2004, February 2005, and just prior to the May World Health Assembly - see ref B). The revised IHRs bring global public health preparedness up to a higher standard of action and accountability, and will serve the international community by requiring countries to develop certain core capacities and meet certain requirements in preparing for, detecting, reporting, and responding to potential public health emergencies of international concern.

[1](#)2. The invited speakers to the WHA were Mr. Bill Gates, Founder of the Bill and Melinda Gates Foundation, who urged countries to direct advancements in science to saving lives in the developing world; and the President of the Republic of Maldives, the Honorable Maumoon Abdul Gayoom, who reflected on the devastating effects of the December 2004 tsunami and on lessons learned from subsequent reconstruction efforts. WHO Director-General J.W. Lee also addressed the assembly, along with Ms. Ann Veneman, the new Executive Director of the United Nations Children's Fund (UNICEF). Ms. Veneman focused her comments on the topic of child survival. The atmosphere of the WHA was constructive and delegations generally sought consensus outcomes; to that end, the WHA generally accommodated U.S. positions. Most resolutions forwarded by the WHO Executive Board, however, were reopened for further negotiation, including by many countries that serve on the Board. The WHA rejected, as in previous years, a proposal to include on its agenda the issue of granting Taiwan observership at the Health Assembly.

[1](#)3. The WHA adopted by consensus the 2006-2007 Program and Budget, with a 17-percent increase overall and a four percent increase in the regular assessed budget. The United States and other WHO Member States commended the WHO Secretariat for progress on its results-based budget proposal. The WHA adopted a number of other resolutions, including: Health Action in Relation to Crises and Disasters (tsunami relief); Malaria Control; Revision of the International Health Regulations (to adopt the revised IHRs); Health Conditions in the Occupied Palestinian Territory; Blood Safety; Sustainable Financing for Tuberculosis Prevention and Control; Draft Global Immunization Strategy; Strengthening Active and Healthy Aging; International Migration of Health Personnel; Cancer Prevention and Control; Disability; Sustaining the Elimination of Iodine Deficiency Disorders; Public Health Problems Caused by Harmful Use of Alcohol; Improving the Containment of Antimicrobial Resistance; eHealth Enhancement of Laboratory Biosafety; Accelerating the Achievement of the Internationally Agreed Health-related Development Goals, including those contained in the Millennium Declaration; Working Towards Universal Coverage of Maternal, Newborn, and Child Health Interventions; Infant and Young Child Nutrition; Sustainable Health Financing, Universal Coverage and Social Health Insurance; Assessments for 2006-2007; and Ministerial Summit on Health Research. The WHA adopted all resolutions by consensus, with the exception of Health Conditions in the Occupied Palestinian Territory, put to a vote at the request of the United States. End Summary.

Formal Adoption of the International Health Regulations

[1](#)4. See ref B for the full report on the May 12-13 final Intergovernmental Working Group on the IHRs, which concluded

at 4:15 am on Saturday, May 14. The U.S. delegation (USDel) drew on flexibilities in negotiating positions to achieve our objectives in securing an acceptable text. There was a shared sense of accomplishment in relation to the IHRs, given the speed with which they had been negotiated, the solidity of the outcome, the contributions they are expected to make to global public health, and the flexibility shown by all to conclude successfully. Many delegations acknowledged that the United States showed genuine commitment and flexibility in concluding a deal.

15. There was extensive debate at the WHA concerning the contents of the resolution that formally adopted the IHRs. Highlights from the resolution include: 1) reference to prior WHA resolutions related to development of the IHRs, including explicit reference to public health emergencies caused by "deliberate use of biological and chemical agents or radionuclear material," 2) a call for Member States and the WHO Director-General to implement fully the IHRs in accordance with the purpose and scope in Article 2 and the principles embodied in Article 3 (includes wording aimed at including Taiwan through the principle of "universal application" of the IHRs), 3) references by name to other competent intergovernmental organizations and international bodies with which WHO is expected to cooperate and coordinate under the IHRs, and 4) the need for States Parties to develop the necessary public health capacities required under the IHRs and for the mobilization of resources to provide support for developing countries to that end.

Approval of the WHO Program Budget
and Scale of Assessments for 2006-2007

16. The WHA adopted the WHO Program Budget without protracted negotiations and with broad support. The WHA also adopted the Scale of Assessments for 2006 and 2007 without controversy. The WHO Executive Board in January 2005 generated extensive debate and discussion on both the budget level and on the budget details, at which time the United States advised the WHO Secretariat that the proposed nine percent increase to the Regular Budget portion was unacceptable. The WHO Director-General sought a compromise with the United States and other countries opposed to the increase. Following consultations in Washington in March, the final regular budget proposal had a four percent assessment increase, which the United States accepted. Japan, and to a lesser degree Germany, continued to have difficulty with any budget increase, but they also joined consensus at the time of adoption of the budget proposal.

17. The total WHO Secretariat budget for 2006-2007 is USD \$3,313,441,000. This amount includes \$893,115,000 in the regular budget (a four percent assessment increase), \$2,398,126,000 in anticipated extra-budgetary funding, and \$22,200,000 in estimated miscellaneous income.

Political Issues
Taiwan Observership and Palestinian Health

18. The WHA took up Taiwan's bid for observer status on its opening day. The General Committee first considered a proposal from Taiwan's diplomatic allies for a new agenda item on granting observer status for Taiwan at the WHA. A large number of delegations intervened: 13 countries spoke for granting Taiwan observer status, and 36 countries spoke against the proposal. At the close, the Committee agreed the Agenda should be proposed for adoption by the Plenary without the new item. The President of the Assembly (Ms Elana Salgado, Spain's Minister of Health and Consumer Safety), kept the debate in the Plenary to a two-by-two debate, whereby two countries spoke in favor (Chad and Malawi) and two spoke against (People's Republic of China and Pakistan), and the matter was closed.

19. In relation to the IHRs, WHO Secretariat and China signed a Memorandum of Understanding (MOU) during the WHA that laid out the parameters for WHO cooperation with Taiwan, both in regular health exchanges and in public health emergencies. Although not a public document, the Secretariat confirmed the MOU refers to the island "Taiwan, China." Malawi used its statement under the two-by-two debate in the Plenary on observership to say the MOU was strange and unprocedural and developed without any consultation whatsoever with Taiwan, which would reject it. (Comment: Although we have not seen the text, we believe the MOU does nothing to help Taiwan satisfy domestic audiences for real political progress toward enhanced international status, even though it will provide better procedures for cooperation with the WHO Secretariat and Regional Office in Manila, including for direct cooperation with the WHO Secretariat without Chinese approval in the event of public health emergencies. End comment.)

110. Arab countries and the Palestinians put forward what is an annual ritual, a resolution on Palestinian health that is

one-sided and political. As in the past, the resolution generated a vote. Holding the European Union (EU) Presidency, Luxembourg sought to negotiate the text with the Palestinian delegation, and was able to secure only minor changes to improve the resolution. U.S. Ambassador Kevin Moley requested a recorded vote, and noted that the United States strongly regretted the resolution was not focused on the health of the Palestinian people but instead interjected political considerations and final status issues that are outside the scope of the WHA. The EU member states voted in favor of the resolution--some EU countries wanted to cosponsor--and the Assembly adopted it in a vote of 95 in favor, 8 opposed, with 11 abstentions. Those opposed were Australia, Fiji, Israel, Marshall Islands, Micronesia, Palau, Solomon Islands, and the United States. Those abstaining were Canada, Costa Rica, El Salvador, Guatemala, Honduras, Iceland, Nicaragua, Paraguay, Singapore, Thailand, and Togo.

Pandemic Influenza Preparedness and Control

¶11. The potential threat of a pandemic influenza outbreak was a recurrent theme at the WHA out of growing global concern that the potential for an avian influenza outbreak is a grave health threat. The United States had proposed to add this issue to the agenda of the 115th Session of the WHO Executive Board last January, and the Board forwarded a draft resolution, originally sponsored by the United States, to the 58th Session of the WHA, which the Assembly adopted with some amendments. The resolution urged Member States to develop and implement national plans for pandemic-influenza preparedness and response; to develop and strengthen national surveillance and laboratory capacity; to strengthen linkages between the health, agriculture and other pertinent authorities; to support an international research agenda; and to provide vaccines and antiviral drugs as necessary during a global pandemic by using flexibilities within the World Trade Organization's Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS). It also asked the WHO Director-General to strengthen influenza surveillance, to assess the feasibility of using anti-viral medication stockpiles to contain an initial outbreak of influenza, to evaluate the potential benefit of personal protection measures, and to work closely with the Food and Agriculture Organization of the United Nations (FAO) and the World Organization for Animal Health (OIE). The WHO Director-General committed additional resources from the WHO Regular Budget to avian influenza for the next biennium.

¶12. Secretary Leavitt hosted a Ministerial meeting on the margins of the WHA on avian influenza, joined by Health Ministers from affected countries in Asia and donor countries (ref C). The discussion on issues of preparedness, surveillance, joint-planning, and coordination among agencies and partners resulted in a common understanding on steps needed to address a potential flu pandemic (refs D and E).

Enhancement of Laboratory Biosafety

¶13. Australia, concerned about the level of laboratory safety around the world and the containment of microbial agents and toxins, proposed a resolution related to influenza preparedness. The text, on "Enhancement of laboratory biosafety," urged Member States to review the safety of their laboratories, promote good biosafety lab practices, and develop national preparedness plans and programs to enhance compliance. The United States strongly supported the resolution, and offered amendments to strengthen it. The final consensus resolution recognized the containment of microbiological agents and toxins in laboratories as critical to prevent disease outbreaks. The resolution also requested the WHO Director-General to provide support to Member States to enhance lab biosafety, and keep them apprised of relevant WHO Guidelines and Manuals.

The WHO's role in UN Reform and Harmonization of Operational Development Activities

¶14. Switzerland, with strong support from the Nordic countries, proposed a resolution entitled "United Nations reform process and WHO's role to harmonize operational development activities at country level." USDel took part in a drafting group that concluded a text to acknowledge the UN reform process and activities under way, encourage the participation of the WHO Secretariat in cooperation and coordination among UN entities at country level and as a part of the UN Development Group, and urge the WHO Secretariat and donor countries to use the "Triennial comprehensive policy of operational activities for development of the United Nations system" (UNGA res 59/250) as well as the recent Paris (2005) and Rome (2003) Declarations on aid effectiveness and harmonization to guide their actions at the country level.

Achievement of the Health-Related Development Goals of the Millennium Declaration

15. Member States introduced two resolutions under this agenda item: Working Towards Universal Coverage of Maternal, Newborn, and Child Health Interventions; and Accelerating the Achievement of the Internationally Agreed Health-Related Development Goals, Including Those Contained in the Millennium Declaration. USDel actively participated in the drafting groups for these two resolutions to increase the commitment and activities of the Member States and the WHO Director-General toward achieving the internationally agreed health-related development goals. Both resolutions were particularly long and contentious, in particular with respect to references to sexual and reproductive health and rights, which were originally unacceptable to the U.S. USDel secured the necessary changes.

Health Action in Relation to Crises and Disasters

16. The Indian Ocean earthquake and tsunami of December 26, 2004, elevated the importance of this agenda item during the WHA. USDel voiced its support for the WHO Secretariat to help its Member States prepare for crises, and stressed the need for the WHO staff to focus on where it can maximize its technical competency and resources. The WHA adopted the resolution on Health Action in Crises and Disasters from the January 2005 Session of the WHO Executive Board, with Particular Emphasis on Earthquakes and Tsunamis of 26 December 2004, with minor amendments proposed from the Thai and Indian delegations to strengthen information systems, integrate risk-reduction planning, develop post-crisis health impact assessment, improve collaboration with local and international expertise, and strengthen mental health response during health crises and disasters.

Sustainable Financing for Tuberculosis Prevention and Control

17. Member States acknowledged the importance of preventing and controlling tuberculosis. USDel recognized the important role played by the Global Fund to Fight AIDS, Tuberculosis, and Malaria and by the Stop TB Partnership in efforts against tuberculosis. USDel also stressed the need to work towards expanded access to tuberculosis treatment for persons with HIV infections, and to address the growing problem of drug-resistant tuberculosis. Many delegations, including Thailand, Swaziland, India, and Uganda, proposed changes from the floor to the resolution from the January 2005 Executive Board. The final resolution calls on Member States, to integrate, strengthen and collaborate existing tuberculosis programs to provide access to a universal standard of care based on diagnosis, treatment, and reporting consistent with the DOTS strategy. It also called for the WHO Director-General to better coordinate WHO activities with other stakeholders and promote various tuberculosis programs, including programs to address the growing problems of multi-drug resistant tuberculosis and co-infection with HIV.

Malaria

18. Member States reviewed the WHO Secretariat's Report on Malaria and the proposed resolution from the January 2005 Session of the WHO Executive Board to combat the continued burden of malaria. USDel urged continued leadership and vigilance to avoid shortages in artemisinin-based combination therapy; recognized the important resources made available through the Global Fund to Fight AIDS, Tuberculosis, and Malaria and Roll Back Malaria; called on the governments where artemisinin is produced to expand its availability; and supported indoor residual household insecticide spraying as an effective intervention for malaria control. Many delegations, including Mexico, Iraq, Thailand, Japan, and Jamaica proposed changes from the floor to the Executive Board resolution. These changes included urging Member States to ensure financial sustainability, achieve community participation in vector control, and to encourage private- and public-sector collaboration at all levels.

19. In the debate, the Africa group discussed detailed strategies to reflect the needs of the African countries, including artemisinin-based therapy, indoor insecticide spraying, new technologies for treatment and diagnosis, and human resources recruitment and retention.

Smallpox

20. A number of Member States expressed their support for the WHO Global Smallpox Vaccine Reserve, and backed the continued retention of smallpox virus in its two WHO-sanctioned repositories in the United States and Russia

until necessary research is complete, although some countries (e.g. China, South Africa, Canada, Tonga, Cuba, India, and Iran) discussed the need to destroy Variola virus stocks at a pre-determined date.

Reading from a text prepared by a non-governmental organization, the South African Health Minister called for a resolution to demand the immediate destruction of the authorized virus stocks; only Zimbabwe seconded the idea, but neither country circulated a text. Comment: After several years of little discussion on smallpox at the WHA, the interventions from Member States this year indicate a need for the U.S. Government to undertake an aggressive diplomatic campaign, with the participation of scientists from HHS and back up from scientists from the U.S. Department of Defense, to remind governments why the continued specter of bio-terrorism makes the retention of the Variola virus in its authorized repositories for ongoing research so critical. A key aspect of this effort will be close coordination with the Russian Federation, and HHS officials have already had discussions with their colleagues in the Russian Ministry of Health on the subject during Secretary Leavitt's June 2005 trip to Moscow. End Comment.

The WHA approved a number of recommendations forwarded from the November 2004 meeting of the WHO Advisory Committee on Variola Virus Research, supported by the United States and Russia, that the U.S. scientists had sought for several years. The most important concerns permission for authorized scientists to insert green-fluorescent protein into the smallpox virus, which will facilitate the screening of pharmaceutical compounds for activity against Variola in the search for new, more effective anti-viral drugs. The Assembly accepted the decision of the Director-General to send back to the Advisory Committee for further work the subject of genetic modification of the Variola virus (through inserting it into other orthopox viruses). Comment: The WHA's decision to accept all but one of the Advisory Committee's recommendations was a major victory, and should help accelerate progress on the WHO-approved research agenda. End Comment.

Poliomyelitis -----

21. Member States took the floor to highlight their commitment to the global eradication of polio, and expressed continued appreciation for the 15-year effort of the WHO Secretariat, along with HHS, the United Nations Children's

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Fund (UNICEF), and Rotary International's involvement to achieve the goal of a polio-free world. Many Member States discussed the need for synchronized and coordinated immunization campaigns and surveillance to enable polio eradication. At present, six endemic countries remain: Pakistan, Nigeria, India, Niger, Afghanistan, and Egypt. In addition, Sudan, Mali, Chad, Central African Republic, Burkina Faso, and Cote d'Ivoire have re-established transmission of wild polio virus, and Yemen, Indonesia, and Ethiopia are experiencing a recent surge of polio infections spread by returning pilgrims from the Hajj in Mecca, Saudi Arabia. The Assembly noted the Report on Poliomyelitis and closed this agenda item.

Draft Global Immunization Strategy -----

22. The WHO and UNICEF agreed to develop a Global Immunization Strategy for 2006-2015, and both agencies sought commitments from Member States and other stakeholders to support the document. The resolution on this topic urges Member States to adopt the Global Immunization Vision and Strategy, meet immunization targets expressed in the UN General Assembly Special Session on Children in 2002, and to ensure immunization remains a priority on the national health agendas of the WHO Member States.

Antimicrobial Resistance -----

23. The WHA grappled with the reality that misuse of medicines has precipitated pathogens' resistance to antimicrobial agents. USDel to the January 2005 Session of the Executive Board co-sponsored the resolution on Antimicrobial Resistance. During the WHA, USDel stressed the need to contain and combat antimicrobial resistance, and the need for the WHO Secretariat to focus on measurable, sustainable, and practical ways to increase appropriate and optimal use of medications, while building stronger and more effective health systems. A drafting group discussed this resolution, which the WHA adopted with amendments.

Infant and Young Child Nutrition -----

124. Several countries brought a resolution before the 57th WHA in 2004 to address the issue of infant and young child nutrition, in particular the presence of *Enterobacter sakazakii* in powdered infant formula. The WHA agreed to submit the issue for consideration at the 115th Session of the Executive Board in January 2005, where an open-ended working group and lengthy negotiations produced a resolution for the consideration of the 58th WHA. At the 58th WHA, many delegations participated in the drafting group to revise the resolution from the Executive Board. USDel stressed the importance of the orthodox Codex Alimentarius Commission processes to develop data-driven international standards guidelines and related texts in the area of foods, nutrition, and food labeling. After lengthy and impassioned negotiations, this resolution, with amendments, was adopted by consensus.

Cancer Prevention and Control -----

125. The WHA considered a resolution on cancer control to call for increased national and international efforts to reduce the incidence and mortality of cancer. Numerous changes to the resolution forwarded from the January 2005 Executive Board emanated from the floor, during the WHA, to urge Member States to promote palliative care, research and priority setting in this area, and for the WHO Secretariat to provide technical support, better collaborate with its partners and agencies (e.g. International Agency for Research on Cancer), and promote research and development in cancer prevention and control. The WHA adopted the resolution, with amendments, by consensus.

Disability, Including Prevention, Management, and Rehabilitation -----

126. Originally an informational item, the 115th Session of the Executive Board generated a resolution on disability, including prevention, management, and rehabilitation for the 58th WHA to consider. Many changes emanated from the floor during the WHA to increase awareness for specific risk factors, conditions or disease that can cause disability; recognize the International Classification of Functioning, Disability, and Health (ICF); implement appropriate services, including counseling programs; and when appropriate, research and promote studies to better understand the incidence and prevalence of disabilities as well as the most effective measures to prevent disabilities.

Public Health Problems Caused by Harmful Use of Alcohol -----

127. The Nordic countries, led by Iceland, introduced a resolution on the public health problems caused by the harmful use of alcohol at the 115th Session of the WHO Executive Board, which the Board adopted by consensus after difficult negotiations. Many delegations proposed changes to the resolution during the WHA. In particular, the Thai Delegation proposed to recognize the WHO Secretariat's Report and its recommended ten "best practices" by adding a footnote to the resolution. The U.S. Government did not believe this Report and its recommendations were well-vetted or peer-reviewed. Extensive negotiations, under the leadership of the Executive Board Chairman, David Gunnarsson of Iceland, dropped this footnote from the proposed revisions, and the WHA adopted by consensus the resolution, with other amendments, including a preambular paragraph that makes the first reference to religious traditions the WHA has made in recent memory.

International Plan of Action on Aging -----

128. The United States was a strong supporter of the International Plan of Action on Aging, and introduced the Strengthening Active and Healthy Aging resolution in the 115th Session of the Executive Board. A few amendments to the resolution emanated from the floor at the WHA to urge making additional human and financial resources available to the aging population.
Social Health Insurance

129. The 115th Session of the Executive Board in January 2005 forwarded to the WHA a resolution on social health insurance. Most of the delegations present did not share the U.S. desire to recognize privately financed health coverage, and proposed approximately twenty-five changes to the Executive Board resolution to, among other things, promote universal, state-financed coverage; general taxation; and limits on fee-for-service mechanisms. USDel proposed a number of substantive changes in response, and a drafting group attempted to reconcile the differences. At the drafting group, delegations agreed to withdraw all amendments, and the WHA adopted the original EB resolution,

with an additional operative paragraph for the WHO Secretariat to report on the outstanding issues raised by

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Member States. Comment: During the drafting group, Thailand, Kenya and Venezuela were the countries that held out the longest for their proposed amendments to the resolution. Venezuela took the opportunity to accuse the United States of "blockading" the resolution and engaging in "anti-democratic" behavior. End Comment.

eHealth

130. The United States supported the resolution on eHealth that came from the January 2005 Executive Board. It was a balanced effort to promote international, multi-sectoral collaboration, and it reflects initial efforts to integrate eHealth technologies in public health systems and services. Delegations proposed a number of amendments to the resolution at the WHA to promote respect for privacy and confidentiality and expand the use of electronic information and telemedicine infrastructure. In addition, Member States requested the Secretariat to list, with budgetary implications, all

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proposed activities the WHO Secretariat will undertake.

Ministerial Summit on Health Research

131. Few Ministers of Health or Research attended the Mexico City Summit in November 2004, which was Director-General Lee's consolation prize to the medical research community for having canceled the proposed World Health Report on research in 2003. Many delegations expressed dissatisfaction with the Mexico Statement on Health Research and did not consider it to be a consensus document. A drafting group proposed changes to acknowledge and consider the recommendations rather than endorse or implement them, and recommended the WHO to examine its role and expertise in health research and to ensure that future ministerial summits will be first approved by the World Health Assembly.

Implementation of Resolutions

132. This agenda item included progress reports on iodine deficiency disorders, comprehensive response to HIV/AIDS, traditional medicine, World Report on Violence and Health, international chemicals management, international migration of health personnel, and promotion of healthy lifestyles. Two resolutions, Sustaining the Elimination of Iodine Deficiency Disorders, and International Migration of Health Personnel: a Challenge for Health Systems in Developing Countries, emanated at the 58th WHA, which adopted them with minor changes.
Moley